

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90004 025 ***150.00

DOCUMENT # P93000067912

1. Entity Name
COLLINS LIQUOR STORE, INC.



Principal Place of Business
**7317 -7319 COLLINS AVE
MIAMI, FL 33141**

Mailing Address
**2012 COLLINS AVE
MIAMI BEACH, FL 33139**

54057360



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05242004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0439327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELDMAN, DAVID ESQ
407 LINCOLN RD PH NE
MIAMI BEACH, FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DVSP** ☐ Delete
NAME **TAAZIEH, FADI**
STREET ADDRESS **2012 COLLINS AVE**
CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE **DV** ☐ Delete
NAME **TAAZIEH, CAROLINE**
STREET ADDRESS **2012 COLLINS AVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date

305-672-9111

Daytime Phone #

attachment



54057360

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 24, 2004

COLLINS LIQUOR STORE, INC.
~~2012 COLLINS AVE~~
MIAMI BEACH, FL 33139

7317 - 7319 Collins Ave

SUBJECT: COLLINS LIQUOR STORE, INC.
Ref. Number: P93000067912

MIAMI Bch. FL 33139

Thank you for your correspondence of April 25, 2004, which has been forwarded to me for response.

Enclosed is your 2004 Annual Report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 204A00036188

Please change my address
to above address.

Annual Report has right
address but Cover letter has wrong
address

Thank you 

FILE NOW: FILING AFTER MAY 1 IS \$550.00

Attachment

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000067912 (4)			
1. Corporation Name COLLINS LIQUOR STORE, INC.			
Principal Place of Business 2012 COLLINS AVE MIAMI BEACH FL 33139		Mailing Address 2012 COLLINS AVE MIAMI BEACH FL 33139-1914	
2. Principal Place of Business		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/29/1993	
22. City & State		4. FEI Number 65-0439327	
23. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Addl. Fee Required	
24. Country		6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Added to Fr	
25. Country		8. This corporation has liability for intangible tax under s. 195 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. Country		9. Name and Address of Current Registered Agent FELDMAN, DAVID ESQ 407 LINCOLN RD PH NE MIAMI BEACH FL 33139	
27. Country		10. Name and Address of New Registered Agent	
28. Country		81. Name	
29. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
30. Country		83.	
31. Country		84. City	
32. Country		85. Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg. office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reg. agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			

574057360



OK

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1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Attachment P93000067912-(4) 54057360

To, Dept of State 4-25-04

Corporation Annual Report

Enclosed check for \$150-

For 2004 Renewal, I ~~am~~

don't have internet and -

didn't have enough time to

wait for the forms to be

receive by MAIL, there

fore I am enclosing this

Please help me accept

these and update my record

Thank you kindly.